Missouri Department of Mental Health
Division of Alcohol and Drug Abuse

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The Substance Abuse Prevention and Treatment Block Grant at a Glance

HISTORY: Federal block grant funding of substance abuse and mental health services was initially established in 1981.[1] The block grant replaced multiple categorical grants with the intent of improving coordination of services and allowing states and local governments to better tailor services to meet the needs of their communities. In 1992, separate block grants were created for substance abuse and mental health.[2]

PURPOSE: The Substance Abuse Prevention and Treatment (SAPT) Block Grant supports a national system of substance abuse treatment and prevention programs and services. This is accomplished through an annual application process. Upon approval, allocations are made to states and territories. Nationwide, an estimated 22.3 million individuals age 12 or older have a substance abuse or dependence problem.[3] A recent independent review of the SAPT Block Grant program found that it has demonstrated positive outcomes and has promoted improvements in infrastructure and capacity of State systems.[4]

THE FORMULA: The SAPT Block Grant is a federal formula grant. State allotments are determined by a set of formulas that factor in population, cost of services, and total taxable resources. Population with additional weighting on the urban young adult population is used as a proxy for need.[5]

MAINTENANCE OF EFFORT: The SAPT Block Grant requires state recipients to maintain a comparable level of state spending on substance abuse treatment and prevention from year to year. The purpose of this provision is to guard against replacing state funds with federal allocations. Additional maintenance requirements are specified for state spending on treatment services for pregnant women and women with dependent children as well as for tuberculosis (TB) services for substance abusers in treatment.

PRIORITY POPULATIONS: The SAPT Block Grant requires that substance abusing pregnant women be given preference in treatment admission. Provisions are also made for getting IV drug abusers into treatment. In Missouri, both substance abusing pregnant women and IV drug abusers are considered priority populations.

ADDITIONAL AGREEMENTS: The SAPT Block Grant also requires block grant recipients to have systems in place to:

- assess quality and efficacy of services,
- refer individuals seeking treatment,
- protect patient records from disclosure,
- ensure availability of TB services to individuals in substance abuse treatment,
- ensure SAPT Block Grant funds are not used for needle distribution, and
- require continuing education for program staff.

In addition, States must have and enforce a law prohibiting the sale of tobacco products to minors. States must annually measure the non-compliance rate and report in the Annual Synar Report.[6]

RESTRICTIONS: In general, SAPT Block Grant funds may not be used to fund services in penal institutions or inpatient hospital settings. SAPT Block Grant funds may not be used for enforcement of state tobacco laws.

FOR MISSOURI: The SAPT Block Grant funds a substantial portion of the substance abuse treatment and prevention services in the state. In recent years, the SAPT Block Grant award for Missouri has been about $26 million annually. This represents almost 27% of total funding for substance abuse services. Approximately 49,000 Missourians receive substance abuse treatment services each year and 300,000 Missourians, including high-risk youth, receive SAPT Block Grant-funded prevention services.

TIMELINE: State monitoring of its SAPT Block Grant agreements are year-round. Missouri generally begins the application process in early July. The completed application is submitted prior to the October 1st deadline.

PUBLIC COMMENT: Missouri's SAPT Block Grant applications and Annual Synar Reports can be found at: www.dmh.missouri.gov/ada/resportsstatistics. Public comment regarding the State's plan and SAPT Block Grant application can be submitted to: adamail@dmh.mo.gov.

Sources:
[1] Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981.
[2] Public Law 102-321,the Alcohol, Drug Abuse and Mental Health (ADAMHA) Reorganization Act of 1992.
[3]Results from the 2007 National Survey on Drug Use and Health: National Findings (2008). Office of Applied Studies, Substance Abuse and Mental Health Services Administration.
[4]Independent Evaluation of the Substance Abuse Prevention and Treatment Block Grant Program (2009). Substance Abuse and Mental Health Services Administration.
[5]Block Grants and Formula Grants: A Guide for Allotment Calculations (2007). Substance Abuse and Mental Health Services Administration.
[6]The Federal Synar Regulation. 45 CFR 96.45, 96.51, and 96.120-121.